

CLAIM AMENDMENTS

1-17. (Cancelled)

18. (Currently Amended) A method of treating an organ having a wall thickness with opposing surfaces, comprising:

placing one of an ablative element and a ground element in a first location adjacent one of the opposing surfaces;

placing another of the ablative element and the ground element in a second location adjacent another of the opposing surfaces, wherein the first and second locations are respectively on opposite sides of the wall thickness; and

delivering ablation energy through the wall thickness between the ablative and ground elements.

19. (Currently Amended) The method of claim 34, wherein the first and second locations are different chambers of a the heart, and the wall is between the different chambers.

20-23. (Cancelled)

24. (Currently Amended) The method of claim 34, wherein the first location is a chamber of a the heart, the second location is a coronary sinus of the heart, and the wall is between the heart chamber and coronary sinus.

25-28. (Cancelled)

29. (Original) The method of claim 18, wherein the one of the ablative element and ground element is intravascularly placed in the first location, and the other of the ablative element and ground element is intravascularly placed in the second location.

30. (Original) The method of claim 18, wherein the one of the ablative element and ground element is intravascularly placed in the first location, and the other of the ablative element and ground element is extravascularly placed in the second location.

31. (Previously Presented) The method of claim 18, wherein the organ is hollow.

32. (Previously Presented) The method of claim 31, wherein the opposing surfaces are an epithelial surface and an endothelial surface.

33. (Previously Presented) The method of claim 31, wherein both of the opposing surfaces are endothelial surfaces.

34. (Previously Presented) The method of claim 18, wherein the organ is a heart.

35. (Previously Presented) The method of claim 34, wherein the opposing surfaces are respectively an epicardial surface and an endocardial surface.

36. (Previously Presented) The method of claim 34, wherein both of the opposing surfaces are endocardial surfaces.

37. (Original) The method of claim 18, further comprising maintaining a delivery of ablation energy until a desired lesion is formed.

38. (Original) The method of claim 37, wherein the desired lesion is a transmural lesion.

39. (Cancelled)

40. (Currently Amended) A method of treating an organ having a wall thickness with opposing surfaces, comprising:

placing one of an ablative element and a ground element in a first location adjacent one of the opposing surfaces;

placing another of the ablative element and the ground element in a second location adjacent another of the opposing surfaces, wherein the first and second locations are respectively on opposite sides of the wall thickness;

applying suction to the wall thickness to stabilize the one of the ablative element and ground element against the one of the opposing surfaces; and

delivering ablation energy through the wall thickness between the ablative and ground elements.

41. (Previously Presented) The method of claim 48, wherein the first and second locations are different chambers of a heart, and the wall is between the different chambers.

42. (Previously Presented) The method of claim 48, wherein the first location is a chamber of a heart, the second location is a coronary sinus of the heart, and the wall is between the heart chamber and coronary sinus.

43. (Previously Presented) The method of claim 40, wherein the one of the ablative element and ground element is intravascularly placed in the first location, and the other of the ablative element and ground element is intravascularly placed in the second location.

44. (Previously Presented) The method of claim 40, wherein the one of the ablative element and ground element is intravascularly placed in the first location, and the other of the ablative element and ground element is extravascularly placed in the second location.

45. (Previously Presented) The method of claim 40, wherein the organ is hollow.

46. (Previously Presented) The method of claim 45, wherein the opposing surfaces are an epithelial surface and an endothelial surface.

47. (Previously Presented) The method of claim 45, wherein both of the opposing surfaces are endothelial surfaces.

48. (Previously Presented) The method of claim 40, wherein the organ is a heart.

49. (Previously Presented) The method of claim 40, wherein the opposing surfaces are respectively an epicardial surface and an endocardial surface.

50. (Previously Presented) The method of claim 40, wherein both of the opposing surfaces are endocardial surfaces.

51. (Previously Presented) The method of claim 40, further comprising maintaining a delivery of ablation energy until a desired lesion is formed.

52. (Previously Presented) The method of claim 51, wherein the desired lesion is a transmural lesion.

53. (Currently Amended) A method of treating the heart of a patient, comprising:  
percutaneously introducing one of an ablative element and a ground element through a chest of the patient into contact with the epicardial surface of the heart;

intravascularly introducing another of the ablative element and the ground element into contact with a endocardial surface of the heart; and

delivering ablation energy through the myocardial tissue of the heart between the ablative and ground elements while in contact with epicardial and endocardial surfaces of the heart.

54. (Previously Presented) The method of claim 53, further comprising maintaining a delivery of ablation energy until a desired lesion is formed.

55. (Previously Presented) The method of claim 54, wherein the desired lesion is a transmural lesion.

56. (Previously Presented) The method of claim 53, further comprising applying suction to the epicardial tissue to stabilize the one ablative element and the ground element against the epicardial tissue.

57. (Previously Presented) The method of claim 53, further comprising placing a cannula through the chest, wherein the one of the ablative element and the ground element is introduced through the cannula into contact with the epicardial tissue.

58. (Previously Presented) The method of claim 53, further comprising:  
percutaneously introducing one or more mapping elements through the chest into contact with the epicardial surface; and  
mapping the heart with the one or more mapping elements.

59. (Previously Presented) The method of claim 18, wherein the one of the ablative element and ground element is placed in contact with the one of the opposing surfaces, and the other of the ablative element and ground element is placed in contact with the other of the opposing surfaces during delivery of the ablation energy.

60. (Previously Presented) The method of claim 40, wherein the one of the ablative element and ground element is placed in contact with the one of the opposing surfaces, and the other of the ablative element and ground element is placed in contact with the other of the opposing surfaces during delivery of the ablation energy.